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ORIGINAL DEPARTMENT.

LECTURE.

SEXUAL EXHAUSTION.

A CLINICAL LECTURE, BY H. C. WOOD, JR., M.D.,
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SPECIALLY REPORTED FOR THE MEDICAL AND
SURGICAL REPORTER.

P. A., colored, thirty years of age, waiter. Has had gonorrhœa, and syphilis frequently. Is of a very amorous disposition; has frequent intercourse with his wife and frequent seminal emissions. Just before going to sleep he feels something rising from between his ribs and hip on the left side. This sensation goes up to the heart, causing a soreness there and subsequently a warm feeling. He often has from two to three spells of this character during the course of the night. The following morning he always feels very weak in his arms and side. The patient does not sleep well, gets angry and frightened easily, and becomes fatigued upon slight exertion.

Apropos of the above case, I wish to speak to you somewhat at length, to-day, upon the subject of sexual exhaustion. It will be necessary to begin with a study of the physiology of the sexual act in its normal and abnormal performance. You all know that what goes by the name of the sexual orgasm is an inordinate excitement of the whole nervous system. In this excitement certain parts of that system are especially active; exactly what parts we do not as yet know. The cerebrum probably feels the excitement but slightly in comparison with the lower portion of the spinal cord. The sexual

orgasm bears a very intimate resemblance to epilepsy, therefore the brain must bear some part, however slight it may be, in the performance of the function. When any part of the body is in a state of excessive functional activity, there is always a condition of active congestion; as a result of which there is a state of subsequent depression. The greater has been the excitement the greater, of course, will be the depression. So, in the performance of the sexual act, there is an intense congestion of the nervous system, followed by an equally marked exhaustion. Under ordinary circumstances, the sexual act is only performed once in three, four, or five days, so that a long interval is left for the recovery of power. If the interval be short, however, and the act be repeatedly performed, there will be repeated congestion and exhaustion. This state of things tends to bring on a condition of semi passive congestion of the nerve centres, while the exhaustion becomes permanent.

Sexual exhaustion may be due to two causes, viz.: excessive venery; and onanism, or masturbation. There may be, perhaps, a slight difference in the meaning of these latter terms, but I shall use them synonymously.

Masturbation.

Some persons think that masturbation is more injurious in its effects than excessive venery. I do not believe this. I think that masturbation is much more frequently a result of insanity than *vice versa*. This practice of masturbation is a very prevalent one among both sexes. It is almost universal in boarding schools. If its effects were as serious as some would have them to be we should find the com-

munity full of wrecks produced by it. In excessive venery two individuals are necessary to the performance of the act, and the circumstances must be propitious. The act of onanism may be performed many times a day without full gratification or complete ejaculation of semen upon any occasion. Consequently there is always a stimulus left behind to masturbate again. In masturbation there is rarely, indeed, the full gratification experienced in complete copulation. The reason that onanism produces disease more frequently than excessive venery lies, therefore, in the fact that it is much more frequently committed.

The results of onanism are entirely distinct from those of excessive venery. Following excessive masturbation comes spermatorrhœa. There may always be found two kinds of spermatorrhœa; true spermatorrhœa is rare; spermaphobia is very often encountered. In this latter form there is always great depression of spirits. The patient comes to you thinking he has entirely lost his manhood, and with a terrible woe painted on his face. He tells you that he has been guilty of masturbation when young, and that now he has a seminal emission once every two or three weeks. His symptoms are becoming more and more hypochondriacal. In true spermatorrhœa the symptoms are different, the emissions being much more frequent. It is hard to draw the line between natural and unnatural emissions. In the milder form of spermatorrhœa they only occur at night. In severe cases they may be caused at any time, and particularly by certain kinds of gymnastic exercise, horseback riding, or even by the mere presence of females. In some cases they may occur without any apparent cause. In making your diagnosis be sure that you distinguish between the above forms of true and false spermatorrhœa. You must institute most careful inquiries, and, if necessary, make a microscopic examination of the spots on the linen, after having moistened them with water.

The general symptoms of masturbation are those of nervous exhaustion. Along with this there is generally remorse, loss of all ambition and energy, fickleness, inconsistency, general and spinal weakness, aching pains in the loins, pallid face, and general hang-dog expression.

Treatment of Masturbation.

Treatment may be divided into hygienic, medical, and surgical. I have never yet seen a case so severe as to need surgical interference.

Of course, as a most important and initial step, the patient must be persuaded to stop the practice at once and forever. Then the hygienic treatment is in order. Insist upon it that your patient take plenty of thorough physical exercise. Enough exercise should be taken each day to produce decided fatigue. Then, too, he must live largely on farinaceous food, avoiding meat as much as possible. A large meat diet throws a great strain on the kidneys. So that your treatment may fail entirely until the patient be restrained upon farinaceous articles of food. All kinds of exercise which irritate the genital organs should be positively forbidden, such as horse-back riding and pole climbing. In some cases it may be necessary to keep the patient away from females. Emissions generally occur during sleep, so you must have particular care as to the way in which your patient sleeps. As sleeping on the back provokes emissions (why, I do not exactly know), he must always sleep on his side and on a hard bed, with as few covers as the weather will allow. The bed room, too, should be cool, and the bladder should always be emptied before lying down to sleep. Sometimes the strict observance of these precautions alone will suffice to effect a cure. Of course a certain moral hygiene must be insisted upon at the same time. All sexual literature, theatrical and other scenes, must be avoided, and all mental impurities, *for the time being, at least*, completely banished.

As regards medical treatment, the all important indication is to subdue all excessive irritability of the parts. To do this, bromide of potassium will often suffice. This should be given in doses of from twenty grains to half a drachm thrice daily, or, you may give doses of brominated camphor, five grains three times a day, in emulsion. Along with this soothing treatment, iron and some bitter tonic may with profit be employed. In some instances ergot, by relieving the congestion of the spinal centres, does great good. The success of your plan of treatment will depend largely, of course, upon the way in which it is carried out. In some cases the habits and associations may be so viciously fixed, that you may have to insist upon your patient's going to work as laborer on a farm.

Excessive Venery.

It is difficult here, also, to draw the line between proper and excessive sexual relations.

What one man can with impunity stand, would entirely break down another's constitution. Excessive venery, though most common among unmarried, is frequently met with in married life. The question will be often put to you by husbands as to how often they should have connection with their wives. With ordinary men, once a week is sufficient. Where, however, both husband and wife are robust, twice a week is not too often. The best rule to adopt in this matter, is that the act is performed in excess when its results, exhaustion, etc., make themselves felt. The normal act should leave no trace behind.

The symptoms of excessive venery are those of general debility. In some cases there may be slight spermatorrhoea. There is weakness about the loins, back and lower limbs. In severe cases there is loss of power in the lower limbs, almost amounting to palsy. Excessive venery is probably always attended with some molecular change in the nerve centres. After prolonged abuse, organic changes, such as myelitis, locomotor ataxia, and chronic sclerosis take place. The case which I have taken as a heading for my lecture is a very good example of the more marked symptoms of excessive venery. Although, as I have said, excessive venery is occasionally the cause of organic changes in the cord, yet I am inclined to believe that not infrequently it is a result, rather than a cause, of commencing neural disease. Paraplegia following excessive venery is rare.

In some rare instances the brain is affected, with cerebral softening or epilepsy as a result. In epilepsy from this cause the aura is more distinct and travels more slowly than in idiopathic epilepsy. So that if the aura begins in the forefinger, for instance, there is time enough, usually, to grasp the wrist firmly, and so prevent the seizure.

Treatment of Excessive Venery.

Of course, the practice must be stopped. In some cases it becomes necessary to insist that husband and wife sleep in separate beds. All coition must be absolutely forbidden until perfect virility be regained. As regards hygiene; nourishing food, warm clothing and plenty of sunlight and exercise are indispensable. Where the emissions are numerous the same hygienic measures as in cases of masturbation must be employed. Medicines may be given, first, to cure the disease, and, second, to aid in the moral effort at continency. For the first

purpose iron and the bitter tonics are indicated, while to subdue all excitement and local irritability the bromides may be given up to the point of producing bromism. A specific remedy is phosphorus. It may be administered alone or with ergot. The ergot is very plainly indicated where there is numbness or pricking of the limbs. The action of phosphorus in some cases is really wonderful. Do not, however, give phosphoric acid and think that you are giving phosphorus. Where the disease has gone on to organic spinal disease you must treat the symptoms on general principles.

Impotence.

I want, in conclusion, to say a word to you on this subject. There are two kinds of impotence: (1), That connected with excessive irritability of the organ, and (2), where there is loss of power without irritability. We usually meet with the first form in young men who have been in the habit of masturbating before they were married. In these instances emission occurs before, or just after, intromission. The proper treatment in such cases is continued doses of the bromides. The patient must be also warned against marital excesses. In the treatment of the second form the following is a good remedy:—

R. Tinc. canthar., gtt.vj
Tinct. ferri chloridi, gtt.xv-xx. M.

Sig.—Thrice daily, in water.

In impotence with spermatorrhoea the tincture of cantharides acts like a specific. The cantharides should not be given where debility is absent. If further treatment be required, cold bathing, strychnia and electricity may be employed.

COMMUNICATIONS.

THE PATHOLOGY AND TREATMENT OF CARCINOMA.

BY FREDERICK HORNER, M.D.,
Of Salem, Va.

This constitutional as well as local affection is embraced within the domain of the surgeon and physician, according to its location, and is usually developed with great rapidity. Cancerous or fungous growths destroy surrounding tissues by pressure, or the abstraction from the blood of the nourishment which is destined for their use. "These parasitic masses," says Car-

penter, "have a complete independent power of growth and reproduction, and may be propagated by inoculation." At St. Thomas' Hospital, London, and in those of Paris, the writer did not remark as many cases of cancer under treatment as in hospitals of this country. This proportion has been increased, according to observation, in certain localities of Virginia, since the late civil war, and with a mortality as large as has occurred in cases of phthisis pulmonalis. The statistics and history of cancer prove a marked hereditary tendency of the disease. This fungus affecting the human species resembles other abnormal products, *e. g.*, the hydatid of the liver or ovary, both self productive, or the disease in certain plants, *secale cornutum*, or the fungi of fruit trees, and with these contains osmazone, which is present in encephaloid cancer. Experiments have proved that cancerous matter injected into the veins of a dog caused the animal to pine away, and after death cancer growths were found in the lungs. In the human subject, the mortality increases as life advances, but there are exceptions to this rule, the result of careful, judicious medical treatment. Females are more liable to cancer at the period when the catamenia cease, between the ages of forty and fifty. Usually the progress of the disease is slower in the old than in the young. Cancer of the stomach often extends to the liver, that of the uterus to the mesentery glands and rectum, from the breast to the glands of the axilla, and is commonly fatal by destruction and gangrene of the lungs, or extension to the pyloric orifice of the stomach.

Examined chemically, cancer matter has been found to contain gelatin, albumen, fibrin, osmazone, fatty matter and water. Cancer cells, best studied with the aid of the microscope, are minute in form, with nuclei adherent to their walls. According to Dr. Carswell, there are also granules, considered to be the germs of new cells, and endowed with the power of self-increase and propagation; these germs are carried through the lymphatic vessels to the absorbent glands, and thence into the venous circulation. The nucleated cells, chiefly globular, though sometimes caudated and larger than the blood corpuscles, float in a gelatinous fluid. The disease appears first in a small spot, *e. g.*, the cuticle of the face or in a secretory gland, resembling a bruise or common mole, with symptoms of redness, itching, a peculiar sharp,

lancinating, neuralgic pain, with general cachexia and yellow skin, swelling and the formation of a tumor, which varies in shape, size and consistence, and according to the tissue in which it is located. This eminent author defers to the opinion that cancer depends upon a diseased state of the blood, and is not the result of any morbid condition of the secretory structure, whether this be the capillary vessels or the ultimate cells. Walshe affirms that cell germs, entirely new and foreign to the body, become the centres of a new nutrition and new growth. Wood has never known of the propagation of cancer by contagion. All will admit that these morbid and malignant formations are deficient in plastic material, but abound in albumen or the protein principles of the blood; hence are less organizable than ordinary lymph products, and have a strong tendency to death. As previously stated, they display a marked hereditary tendency; they become disintegrated and work their way to the surface by exciting ulceration in surrounding tissues, and sometimes occasion fatal hemorrhage, ending in death. A section of schirrhous affords, on being scraped, a peculiar lactescent fluid, called cancer juice. Its minute structure presents a fibrous network made up of filaments forming meshes, in which are seen cells, nuclei, and a granular matrix. The discharge from a cancer sore is sanguinolent and intolerably offensive. The bottom appears as if it had been dug out; it bleeds freely. When constitutional symptoms supervene, the fate of the patient is sealed.

The varieties of Cancer are—1. Schirrhous, carcinomatous sarcoma or stone cancer, designating a morbid product which is more dense than any of the natural tissues, excepting tendon, cartilage and bone. The liver, female breast, uterus, stomach, and rectum are peculiarly liable to this form of cancer. 2. Medullary carcinoma, including fungus, hæmatodes. 3. Gelatinous or colloid cancer.

Epithelioma is a milder form of these malignant growths affecting the cutaneous and mucous tissues, the lip of the smoker of tobacco, and the scrotum of the chimney sweep, and is more common in men than in women. Modern pathologists affirm that all are distinguished from benignant tumors, on dissection, by an absence of the fibrous envelop which distinguishes the latter.

Treatment of Cancer.—In an account of the

external and internal use of arsenic for the cure of cancers, by Dr. Benjamin Rush, read before the American Philosophical Society of Philadelphia, February 3d, 1786, this eminent physician and author says: "Cancerous tumors and sores are often neglected or treated improperly by injudicious people, from an apprehension that they are incurable, to which the frequent advice of physicians "to let them alone" has no doubt contributed. Perhaps the introduction of arsenic into regular practice as a remedy for cancers may invite to a more early application to physicians, and thereby prevent the deplorable consequences incident to delay or unskillful management." The author, in a previous paragraph, mentions how he had detected the secret of a cancer doctor of Philadelphia, proving that his powder and solution, which claimed to be an Indian remedy, contained arsenic mixed with atropia, belladonna or stramonium. He adds, that where the cancers were accompanied with a scrofulous habit of body the remedy failed, and in some instances did evident mischief. Dr. Rush believed arsenic to be the most efficacious local application, diluted and mixed in such a manner as to mitigate the violence of its action in the proportion of an ounce of arsenic in two quarts of water, boiled down to three pints.

As was stated by the writer, in the history and successful treatment of the case of the late Dr. Stewart Baldwin, of Winchester Virginia, in a former number of the MEDICAL AND SURGICAL REPORTER, attention should be directed to promote the general health of the patient and ensure good digestion, normal action of the liver and kidneys and warding off inflammatory action of the lungs and disorder of the heart. Pleasant emotions of the mind should be encouraged, the patient should avoid overwork, whether mental or physical. Hence the professional man should be relieved of the cares incident to practice, and the operative of exertions in the field or shop, or exposure to the weather. The patient should take gentle exercise daily in the open air, and resort to innocent recreations, social visiting, travel and light literature. There can be nothing more wholesome than an appeal to religious faith, since the tenets of the Bible inspire confidence in the power and willingness of the Creator, Himself the good physician, to mitigate and relieve the most desperate disorders, and who alone can save His creatures from despair.

Internal remedies are useful. Arsenic, in the form of Fowler's solution, may be given until some impression is obtained; vegetable and mineral tonics, gentian, quinine and dialyzed iron, along with mild local applications, glycerine, carbolic acid, and to remove fetor, bromochloral solution prepared by Tilden & Co. The writer does not doubt that the cancer doctors, those especially of blissful reputation, have some reason to commend cundurango as an alterative and astringent, but all know that this remedy has proved utterly worthless as a specific to cure cancer.

CASE 1.—Miss F., aged 27; parents healthy. Had an encephaloid tumor seated in the subcutaneous and inter-muscular tissues of the left forearm, on the inner radial side. On the occasion of the failure of her general health a small swelling, which increased rapidly in a short time, became visible in the position indicated. The advice of a country physician was sought. He operated, removing what he supposed to be a fatty tumor. Shortly afterwards the disease reappeared in the form of true hæmatoid cancer, with its double circulation, part its own and the other common to it and the surrounding tissues, filling up the space and interstices of the cavity of the tumor removed, attended by copious hemorrhage, loss of appetite, and general cachexia. At the close of five months the patient died.

CASE 2.—Cancer of the pyloric orifice of the stomach, with disease of the mesenteric glands and small intestines, in the person of a lady of the age of 55. The symptoms were marked by excruciating pain over the stomach, great emaciation and inability to retain food of any kind, complicated with caries of the seventh cervical vertebra and scrofula. A brother died of consumption. She was the daughter of a physician, and for a long while the patient of the late Prof. H. L. Hodge, who had treated her in early life for retroversion of the womb. The supervention of chronic diarrhœa and hemorrhoids contributed to add to the intensity of her suffering. Every expedient that could be suggested by resort to suitable medicines, diet and hygiene proved unavailing in this case, and after lingering for five years the patient died, a living skeleton.

CASE 3.—The patient a married woman, aged 65, schirrhous of the left mamma. The mother had died at an advanced age, with symptoms of ovarian dropsy. In this case the morbid

growth increased rapidly in the space of five months, the tumor was of stony hardness, the skin elevated into nodules, the size of a Spanish olive, accompanied by the sharp intermitting pain of cancer, and finally ulceration and copious hemorrhage. At the urgent solicitation of the patient the gland was removed. The incisions not allowing a flap of sufficient size, owing to the contraction of the skin, cellular tissue and pectoral muscle, the edges of the wound were secured by the quilled suture. Six months after the operation, at the present time, this patient is doing well and has no unfavorable symptoms or any return of the disease.

CASE 4.—Mr. McD., aged sixty-three; a farmer by occupation; in sound health and of active, industrious habits. During the summer of 1872 his attention was directed to a mole-like excrescence of small size, located on the surface midway between the nose and eye. This growth occasionally itched and caused slight pain, but was otherwise not troublesome, or even noticed by the patient or his friends. The following year the swelling became red, somewhat painful, and developed into a small sore while exposed to the sun and at work on his farm. Unluckily, the possible existence of a cancerous affection was suggested. The patient abandoned the advice and treatment of his regular physician and surrendered himself to the trial of the ubiquitous cancer and herb doctor, in the person of one Dr. D., hailing from the State of Pennsylvania. The latter, with others of this class, in vain donned the livery of heaven to serve the Evil One; tortured his patient with powerful medicines and escharotics, not omitting cundurango, when death came to the relief of the man; but not before the quack had secured his ill-gotten gains.

It may be added that the State Medical Society and Board of Health of Virginia have in vain petitioned the State Legislature to enact laws protecting the members of the regular profession and forbidding quackery.

TRAUMATIC TETANUS.

BY J. K. MILLER, M.D.,
Of Berlin, Pa.

The details of the following interesting case, which fell into my hands for treatment in the month of September, I consider of sufficient general interest to justify a short report for the readers of your excellent journal. This

formidable affection is comparatively rare, and the recoveries, even in the mildest forms, still more exceptional; it therefore behooves the conscientious physician to add every item of interest which promises to throw even a ray of light on either the pathology or treatment, for the benefit of the profession at large. Our patient was a young lad, eight years of age, who fell from a loaded wagon, and was injured in the face and head by one of the wheels. The actual continuity of tissue was in the face, the sharp edge of the wheel making a clean cut of over ten inches in length, and peeling off two-thirds of the scalp close to the bone, removing the periosteum over the parietal eminence. On the opposite side of the head, which rested on a stone, we had a large contusion, with effusion of blood, necessitating an opening for its exit. The accident, taking all things into account, was the most formidable which I have ever witnessed in a practice extending over twelve years.

As is usually the case in accidents of this kind, the wound was full of sand and other foreign substances, thus complicating the case still more. After a thorough cleansing of the wound, in which I was assisted by Mr. U. S. Musser, a student in medicine, and which was accomplished with the greatest difficulty, the parts were brought together by suture and adhesive strips, and the case treated on general principles. About one-third of the wound united by first intention. The little sufferer was cheerful and evidently comparatively comfortable, for five days, when the first untoward symptoms made their appearance. These symptoms, however, were not characteristic of the disease which was so soon to supervene, consisting of restlessness, insomnia, coated tongue, foul breath and torpid bowels. The first well defined symptoms of the approaching disease consisted in stiffness in the back of the neck, rigidity about the jaws, with more or less pain in attempting to open the mouth. Simultaneously with the above troubles great pain in the pit of the stomach was experienced. In two days after the first pathognomonic symptoms had made their appearance the jaws were firmly locked. The muscles of deglutition became affected early in the disease, thus making the administration of medicine, as well as a sufficient amount of nourishment, exceedingly difficult, and at intervals entirely impossible. As the diaphragm and other

muscles of respiration became involved, the breathing became labored, and paroxysms of painful dyspnoea quite frequent. In fact, the obstruction to the proper oxygenation of the blood, by the paroxysmal spasm of the respiratory muscles, and the consequent dyspnoea, were among the most distressing symptoms. The muscles of the trunk were all more or less affected, but especially those along the spine, producing the condition of the body denominated opisthotonos. The extremities became implicated last, when every voluntary muscle in the body was completely rigid. At the height of the disease the whole body was as stiff as a statue, and the slightest causes, such as an attempt to swallow any cold liquid, or even the faintest noise in the room, were sufficient to throw him into the most violent paroxysms. The mind was clear throughout the whole course of the disease, with entire absence of either stupor or delirium. The sleeplessness which made its appearance early in the case continued until fully restored to health. Whenever sleep was procured, by the influence of drugs, or otherwise, the paroxysmal spasms abated somewhat, while the tonic rigidity of the muscles continued in full force. The pulse, under the excitement of a paroxysm, became perceptibly accelerated, while in the absence of any muscular excitement it remained entirely normal. The temperature of the surface of the body was increased to a very marked degree, with profuse and persistent perspiration. The full extent and power of the muscular contractions above described, and the consequent suffering, may be estimated from the fact that both clavicles were forced from their articular surfaces at the sternal extremity. The slight relaxations of the muscles of the face and jaws, at short intervals, and their sudden closure, was followed by serious injuries to the tongue and soft parts of the mouth and cheeks.

The treatment, however, was the primary object of my report. The successful termination of a well marked, and in many respects a typical case, is sufficient encouragement to persist in the administration of appropriate remedies, in apparently hopeless cases. The first step in the treatment was to cleanse the bowels with calomel, followed by black draught, and afterward keep them soluble by small doses of the same draught. The first drug which we administered with a view of controlling

spasm and relieving pain, was sulphate of morphia. We soon ascertained, however, that the remedy was not only useless, but actually mischievous, producing stupor and other unfavorable symptoms. Belladonna was then substituted, with encouraging prospects of accomplishing the desired end. We continued the use of it nearly a week, and were able to control spasm and procure sleep to such an extent as to inspire the hope that we had found the proper remedy. At this stage of the case, however, all our hopes were brought to naught by a sudden change in all the symptoms. The wound, which had hitherto formed laudable pus, and presented a healthy appearance, now began discharging sanious matter, and assuming an unhealthy aspect. The constitutional symptoms also became graver and more formidable in their character, and on the whole the case was unpromising and apparently hopeless.

We made topical applications of fomentations containing opium and acetate of lead, by which we succeeded in changing the aspect of the wound, and re-establishing the formation of healthy pus. But the belladonna had lost all its virtues, and was hereafter absolutely useless in controlling spasm. We next resorted to the much vaunted calabar bean, only, in turn, to be disappointed. Much as is claimed for this drug in the treatment of tetanic affections, in our case it failed entirely to meet the indications. The next drug which we had recourse to, and which proved the remedy, was chloral hydrate. After the administration of a few doses of this drug, very encouraging changes for the better were noticeable, and by the persistent use of it we controlled the spasms, and procured quiet and refreshing sleep. We do not wish to be understood as saying that the rigidity of the muscles was overcome by the administration of chloral, but the paroxysmal spasms were most effectually controlled. We could regulate the hours of sleep by diminishing or increasing the dose, and, as must be evident from this fact alone, modify all the untoward symptoms. If we are justified in attributing specific virtues to any article in the whole materia medica, we are inclined to claim such virtues for chloral in the case under consideration. Of this fact there remains no doubt, that, with the system thoroughly under its influence, there was rest and quiet, and without it nothing but intense and continued suffering.

We must not overlook the all-important fact that, throughout the entire course of treatment, which extended over a period of eleven weeks, we had the proper nourishment of the patient constantly before our eyes. Quinine was administered from the setting in of the grave symptoms, without intermission. Whisky, cream, milk, chicken broth, and beef tea, were the principal articles of diet.

Thus we conducted the case to a final and successful restoration to perfect health, with every faculty intact.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

Reported for the MEDICAL AND SURGICAL REPORTER.

Enucleation of the Eyeball, to Prevent Sympathetic Inflammation of the Other Eye.

I shall present to you, first, a man who has sustained an injury of the eye which will necessitate enucleation of the eyeball. He is a farmer who two weeks ago received a blow on the eye from a cornstalk; that has been followed by ophthalmitis. The term ophthalmia, I may observe, is usually restricted to conjunctivitis. The effect of this injury has been the complete destruction of the globe of the eye. He suffers from continual pain and is, besides, subject to a great risk. I propose to enucleate, because he suffers in the injured eye, and to prevent the danger of sympathetic ophthalmia. We have learned by practice and long experience, that sympathetic ophthalmia is not communicated by means of the optic nerve, but that it is communicated from one eye to the other through branches of the ciliary nerve only. Wounds involving the iris are thus most likely to be followed by, or to cause, sympathetic ophthalmia. Wounds in that part of the eye which receives nervous branches from the ciliary nerves are therefore likely to be followed by sympathetic ophthalmia. Sympathetic ophthalmia does not usually come on until the violent symptoms in the injured eye have abated. The first intimation of the supervention of sympathetic ophthalmia is a want of the power of accommodation; the ciliary muscle loses its power, and the patient fails to read, to write, and to see near objects. He presents, perhaps, a zone of redness on the sclerotic, about the iris, as I show you on the diagram. The disease must be recognized in its incipency, for the eye may

be destroyed in twenty hours, weeks after the injury was received. This man two or three weeks ago received an injury, as has been stated. Now, the injured right cornea is white and opaque, and the other is sensitive. The first object is to get rid of the stump, and this will probably meet the second indication, which is to secure the left eye from sympathetic inflammation. Here the structures which I have said may cause sympathetic ophthalmia still remain. In some cases the optic nerve has been divided, to prevent sympathetic ophthalmia, but without effect.

Enucleation is the removal of the eyeball. The conjunctiva will be pared back and each muscle of the eyeball divided at its tendinous insertion into the sclerotic coat. The cellular tissue and the optic nerve will then be cut through. We shall pick up the conjunctiva and snip it with the scissors, then divide the muscles exactly at the sclerotic. The knife will then break up the cellular tissue, after which the optic nerve will be divided by passing the scissors into the orbit from the outside, because the slope is greater there than it is at the inner angle. The optic nerve is clipped exactly at its entrance. This is a modern operation, by which, unlike the older operation, very little hemorrhage is induced. A suppurating eye does not induce sympathetic ophthalmia. The veterinary surgeons, who are aware of this fact, are in the habit of gashing open a wounded eye, to induce suppuration, and prevent the sympathetic inflammation of the sound eye. In the proposed operation we use the spring speculum, the fixation forceps to pick up the conjunctiva, a pair of scissors and a strabismus hook. The eye may be inclined to jut out of the socket or orbit when the recti are cut, because they are then no longer able to hold it back.

Operation.—The conjunctiva is cut through, the recti are taken up separately by the strabismus hook and cut off at their insertion into the sclerotic, when the eye is seen to jut forward a little. The closed scissors are passed in from the external angle until the point strikes the optic nerve, when they are opened and the nerve cut off. A little remaining cellular tissue is now cut and the ball is removed. Very slight hemorrhage ensues from the division of the arteria centralis retinae. The conjunctiva is now stitched, and the muscles in it are concentrated to a point by bringing the divided conjunctiva together by one vertical stitch, and one stitch in a horizontal direction. The stump thus formed will be movable, and will afford a good base for an artificial eye. The treatment will be a pad, suitably confined, to prevent oozing. Section of the specimen shows evidences of choroiditis, etc., but no suppuration in the globe. * * * * * At a subsequent clinic the man was shown, and an artificial eye adapted to the stump.

Ununited Fracture of the Leg.

I shall now bring before you an interesting case of ununited fracture of the tibia. It is

not a delayed union but a want of union. Union may be delayed for a long time, and finally become perfectly firm. The patient is a colored man, who, nine weeks ago, received a fracture of the tibia and fibula. Not unfrequently the fibula unites, and the tibia fails to do so, on account of its fixation in and by surrounding tissues and structures. The fibula has not such strong muscular attachments which tend to cause displacement. The fibula in this instance is broken about two or three inches above the fracture of the tibia. The fracture of the tibia is three inches, and that of the fibula is six inches, above the ankle joint. To secure union I shall break up the partial adhesions, and refracture the fibula to accomplish this. The delayed union may be due to a want of good blood supply to the part. After the operation I shall get him, therefore, on crutches, to keep the parts downward. I have often by this means secured union. The silicate or glue dressing is the best application in these cases, for it enables the patient to go about almost immediately. In a case of delayed union I would get the patient about; but in an ununited fracture I must do more than that for his relief, because, the case needs more active measures to induce deposition of callus. The patient is etherized and the leg is shaved. The fibula is now rebroken, and the ends of both bones rubbed together. The glue and oxide of zinc dressing shall be applied after the expiration of the hour.

MEDICAL SOCIETIES.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Empyema.

Dr. Cathell. Some months since I was called to see a woman who, four weeks previously, had been delivered, at term, suffering from empyema. She was much debilitated, and tonics and ordinary means afforded but little relief; the aspirator was used and ninety ounces of pus removed, with much benefit. The relief was, however, only temporary, and at three different times since, three hundred ounces in all have been removed by the instrument. Then a drainage tube was introduced, and during the last three months between three and four gallons of pus discharged by this mode. Tonics and iron have been used continuously, and every means employed to keep up the general strength. A short time since I commenced using injections of carbolized water, completely washing out the cavity, and since their use the discharge has lessened very much, and I think there is every prospect of complete recovery.

Diabetes Mellitus.

Dr. Friedenwald. Knowing how intractable glycosuria usually is, I thought it was justifi-

able to try any mode of treatment, however novel. Accordingly, in two cases lately under my care, I used Ebstein's, viz., one drop of carbolic acid three times a day, and so far as present symptoms are concerned, the patients are entirely well. The sugar has entirely disappeared, and all the functions seemed to be normally performed.

Dr. Lynch. I have cured cases of diabetes insipidus by sulphide of calcium.

Dr. Wilkins. I relieved a case of glycosuria by the use of lactic acid.

Dr. Rohe. Laycock reports a case cured by the use of jaborandi. He does not give the *modus operandi*.

Dr. Morris. Atropia, grain $\frac{1}{16}$, at bedtime, will relieve the nocturnal incontinence and the frequency of micturition.

Red Sweat.

Dr. Lynch. I have lately been puzzled in regard to a case in which the only symptom is the peculiar perspiration from the glands of the axillæ. A man, in perfect health so far as I can discover, applied some months since, on account of the perspiration staining his shirt red. I gave him simply potass. acet. and the symptom disappeared. Lately he returned with the same trouble. I have examined the secretion chemically and microscopically, and am as much in the dark as ever in regard to its pathology. One thing I am sure of, that the color is not produced by blood, as no trace of it could be found under the microscope.

Dr. Caldwell. I have frequently had the same symptom in the summer, but it gave me no concern, and I made no effort to discover the cause.

Dr. Rohe. Without the microscopic examination I should be disposed to consider it a diapedesis. It is a well established fact, that under certain conditions blood can pass to the surface without a solution of continuity.

Dr. Morris. The cases of stigmata, and so-called miracles, attest the truth of Dr. Rohe's assertion.

Loss of the Lens.

Dr. J. J. Chisholm. A few days since I saw a gentleman who had a small wound of the cornea, produced by the breaking of a window pane. Some noise in the street had attracted his attention, and in attempting to look out he did not notice that the window was closed, but struck the glass with his head and broke it. One of the fragments produced the wound of the cornea. Upon examination I found that the lens had escaped through the wound. Under treatment the incision closed without trouble. There was no other injury produced except this to the eye.

A New Inhaler for Ether.

Dr. Rohe exhibited a new inhaler for the administration of ether. It consists of a rubber bag (easily procurable at any rubber store for one dollar) lined with flannel, and a rubber

face shield, which can be bought at any dental depot at the same price. In using the ether about two ounces is poured on the flannel, the bag tied over the smaller end of the face piece, and applied to the face. Anæsthesia with Squibb's ether is usually complete in five minutes. Dr. Rohe claimed that whether the opinion of the greater danger of chloroform was well founded or not at the present time, ether had better be used, unless there was some very good reason for the use of chloroform.

Dr. McDowell thought that in eye surgery chloroform was preferable. Ether produces so much congestion of the iris that sometimes there is very troublesome hemorrhage into the anterior chamber. He referred to a pamphlet lately published by Dr. Chisholm, giving statistics of deaths from chloroform, and showing an extremely small percentage of mortality.

Dr. Grove thought that when ether had been used as extensively as chloroform its percentage would be no better. Ether had been tried in the London hospitals and abandoned.

Dr. Atkinson said that the reason it had been abandoned was, that the English surgeons had not known how to administer it. A surgeon from Boston, visiting in London, instructed them in its use, and now it was gaining favor rapidly.

Dr. Rohe said that Mr. Carter now used it entirely in his eye operations, and it gave satisfaction. Mr. Hutchinson also uses it extensively. In the statistics published there is no mention made of any fatal cases in this city, while nearly every physician can recall a case in which it produced very alarming symptoms, and in many death resulted. It is hardly fair to claim that idiosyncrasy, or ignorance and carelessness, were the causes of all the fatality. Many fatal cases have never been reported, because physicians are not going to inform the community that they did not know how to administer the anæsthetic and thus killed the patient. In army as well as civil practice these cases are attributed to a variety of causes. One difficulty in the administration of ether has been the strangulation complained of by the patient. That, I think, was dependent upon the vapor being cold, which difficulty is obviated by this apparatus, as after the first inspiration it is warmed by the expired air.

Dr. Brown said that he was strongly prejudiced against the instrument, but he had seen it used in a number of cases and the result was entirely satisfactory.

Cancer of the Ovary.

Dr. Brown exhibited the specimen. Some months since the cervix had been amputated, for cancer. The disease returned and the patient died. Upon post-mortem the liver was found to be anæmic but not enlarged; did not yield the reaction of amyloid liver. When we undertook the removal of the left ovary it was found to be attached to the psoas magnus and pyriform muscles, and is an immense mass of

cancerous deposit. The internal iliac is infiltrated with cancerous tissue, the body of the uterus is free from disease. The cancer had skipped from the cervix to the ovary. The kidneys were enlarged and soft.

Locomotor Ataxia.

Dr. Mansfield. I wish to obtain some expression of opinion in regard to the case of this gentleman. Mr. P., aged 47, came to me about two weeks ago with the following history: Has been sick for some months, and was treated by a number of physicians, regulars and homœopaths, without benefit. He is robust; weighs 205 pounds; has great dyspnoea on walking, although it be only across the room; partial paralysis, confined to the lower extremities; tottering gait, and would fall if he closes his eyes when in the erect position; no fornication; at times a sensation of a belt around his waist; can lie on either side or back, but has trouble in turning in bed; the spine seems sensitive, and I think there is weakness of the heart's action.

Dr. Liebman thought the case one of locomotor ataxia, in which opinion Drs. Morris, Seldner and Murray concurred.

Hemorrhage From the Bladder.

Dr. Cathell. A man, aged thirty-seven; about four years ago, when in perfect health, exerted himself violently, and half an hour afterward, on attempting to pass his urine, discovered a profuse hemorrhage from some part of the urinary tract; thinks that one and a half pints of blood were discharged. A physician was called and the hemorrhage checked. In two months there was another hemorrhage, and they have returned at intervals of one and a half to two months ever since. Five months ago he came under my care, and upon examination of his urine I found pus cells and blood globules, as though the discharge came from an ulcerated surface. Seven weeks ago he had an enormous hemorrhage into an empty bladder, which produced intense pain. Chloroform was administered, and the introduction of the catheter attempted, but the instrument failed to enter the bladder. After this attack he passed large quantities of pus; he would discharge six or seven ounces of normal urine, and one hour afterward there would be a flow of pus. He has been under the care of several of the most prominent physicians and surgeons of this city, but no one has succeeded in introducing a catheter into the bladder. The instrument enters a cavity which seems to hold about one ounce. Notwithstanding the catheter will not enter the bladder, it is perfectly easy to wash out the organ. I think there must be ulceration above the prostate; do not think it is above the bladder. Beyond this trouble the man is in perfect health. In all, he has had between thirty and forty hemorrhages; there are no premonitory symptoms, and he does not know he is bleeding unless he sees the blood flow. It usually appears with the last few

drachms of urine. I now inject the bladder twice a day with one pint of carbolized water (twenty grains to the pint).

Dr. Seldner. Now and then calculi imbed themselves in the pelvis of the kidney, and produce hemorrhage and purulent discharge. A microscopical examination of the discharge might indicate what part of the urinary tract it came from.

Uræmic Convulsions.

Dr. Arnold. I was called to see a man who was found on the street in an insensible condition. He had a convulsion before I saw him, and several afterwards; the thumbs were drawn into the palms; there was tetanic rigidity, followed by coma. By much effort he could be made to open his eyes and look up, but I do not think he was fully awake. The pulse was 88; temperature 99° Fahr. There was tumultuous action of the heart and hypertrophy of the left ventricle. It was a question as to what caused the attack; drunkenness, opium poisoning, cerebral softening, cerebral hemorrhage, or uræmia? Upon drawing his urine and testing it, I found it loaded with albumen, and decided it was a case of uræmic convulsions. Two

drops of croton oil were administered and acted freely, and in the morning he was perfectly rational. I suppose, from the symptoms, that he has the small, contracted granular kidney. I have not as yet had an opportunity to make a microscopical examination.

Dr. Lynch. Dr. Bourneville says there is always a lowering of the temperature in uræmic convulsions, and that this serves to diagnose them from eclampsia. I agree with Dr. Arnold as to its not being a sign upon which much dependence can be placed. I saw, last winter, two cases of uræmic convulsions following scarlatina, in both of which the temperature was above the normal, one being 101°, the other over 100° Fahr. Bourneville may have taken the temperature during the coma. It is well to be guarded in basing a diagnosis on the presence of albumen, as it has been proved lately that albumen always follows convulsions or any profound motor disturbance.

Eye Strain.

Dr. Chisholm related a case of persistent headache, which was found to depend on astigmatism, and was cured by the use of proper glasses.

EDITORIAL DEPARTMENT.

PERISCOPE.

Malignant Acute Rheumatism.

Dr. Julius Pollock, Senior Physician to Charing Cross Hospital, London, says, in a recent lecture given in the *Lancet*:—Every now and then, fortunately not often, rheumatic fever assumes a form for which I think the term "malignant" is most appropriate. In such cases, without any apparent reason, the temperature begins to rise, and may ultimately attain the height of 110° Fahr., or even more; the joint affection subsides, pain is no longer complained of, and the patient often expresses himself as better, just as the most serious symptoms are coming on. The profuse sweating ceases, the skin becomes dry, harsh, and intensely hot to the touch; very frequently a crop of sudamina breaks out upon the neck, chest, and abdomen (a very unfavorable sign); the tongue becomes dry and brown, there is great thirst, complete anorexia, the breathing is rapid, and the pulse very quick and generally weak; the patient is tremulous and restless, with a suffused and "ferrety" appearance about the eyes. Low muttering delirium is generally present, though occasionally there is some excitement, and unless the disease takes a favorable turn, or relief can speedily be given, death ensues in a day or two, apparently from mere hyperpyrexia.

Post-mortem examination gives us no clue to the cause of the excess of fever. In the cases I have examined there has been no pericarditis, though, I dare say, it is occasionally present. Certainly its existence is not essential to the hyperpyrexia. The lungs are dark and congested, the liver and spleen friable and easily broken down, the blood is tarry and fluid, but the muscles are remarkable for their bright red color; the kidneys are unaffected. The odor of such cases, even when recently examined, is generally most offensive.

I am aware that this state of high temperature is not peculiar to rheumatic fever; that it occurs in continued fevers, in diseases of the brain and spinal cord, in pneumonia and other disorders; but it is in acute rheumatism that it has attracted most attention, and is most frequently encountered. It is not only the more severe attacks of the disease that drift into hyperpyrexia; comparatively mild and subacute cases, which appear to be doing well, will now and then take this remarkable course.

I use the term "malignant" for this condition, in the same sense that it is used for those terrible cases of small-pox, scarlet fever, or cholera, in which the chief force of the disease seems to fall upon the nervous system, overwhelming the patient before any distinctive symptoms are manifested, and because, from my own experience, and that of others, I have

come to the conclusion that, in the present state of our knowledge, the greater number of such cases die, in whatever way they may be treated. Indeed, I think it is doubtful, in those that do recover, how much the remedies had to do with the result; and Dr. Cavafy has recently recorded the case of high temperature in acute rheumatism that got well under the influence of food and stimulants only.

The Treatment of Ulcers.

The following excellent summary is given in the *Lancet*, by Mr. Francis Mason, of St. Thomas' Hospital, London:—

With regard to the treatment of ulcers, their management may be explained in a few words. In the healing ulcer, little need be done beyond leaving it to nature, for the simpler the dressing the better. In the oedematous or weak ulcer, a stimulating lotion, say of sulphate of zinc, two grains to the ounce, or the application of zinc ointment, will generally suffice to effect a cure. In exuberant ulcer, the redundant granulations may be repressed either by applying the solid nitrate of silver, or by making pressure with a piece of dry lint, which tends to promote suppuration, and thus to break down tissue. The congested ulcer, more than any other, requires the administration of saline purgatives and the prohibition of malt liquors and spirits. The same treatment applies to the inflamed ulcer, but here more especially warm fomentations, with or without anodynes, are indicated; and in suitable cases leeches may be applied, but if employed they should be placed at some distance from the ulcer, so as to act as derivatives. In the irritable ulcer, the local application of opium, in some form, is beneficial, and the pain will in many instances be greatly alleviated by brushing the surface with a solution of nitrate of silver (ten to twenty grains to the ounce). The cachectic ulcer is best treated with alteratives. Iodide of potassium should be given in five-grain doses, or more, three times a day, and it is often advantageous to administer some ferruginous preparation. These ulcers are particularly improved by a nutritious, not a stimulating, diet, and thus cod liver oil and wholesome puddings of a farinaceous kind do more good than ale, stout, wine, or spirits. In the phagedenic, the sloughing, and the sloughing phagedenic, tonics are imperatively demanded, but due care must be taken to clear the primæ viæ. It is a grave mistake to over-stimulate patients suffering from this form of ulcer, for the increased heart's action tends to increased local congestion, and hence the sloughing process is rather favored. Opium may be given with great advantage, and in many cases I have seen marked benefit from keeping the part in a warm bath for twenty-four hours. The callous ulcer is one in which strapping may be most usefully employed, and I think that Baynton's plan is as good as any. He says, writing in 1799, that "the straps should be two inches wide, and long enough to

encircle the limb, and overlap at the ends to the extent of three or four inches. The plaster should be one inch below and two or three inches above the diseased part." I have seen benefit follow the use of blisters to these callous ulcers, and have observed a marked improvement after the application of Friar's balsam (the tincturæ benzoini comp.). Lateral incisions to release the edges of the ulcer are, in some cases, very desirable. A bandage evenly applied is very serviceable in this and in all ulcers where general support is required. The specific ulcers, as you may suppose, require specific treatment, which, from want of time, I am unable to include in the present lecture.

The importance of dressing ulcers properly cannot be over-estimated. Whether lotions or ointments be used, the lint should be cut no bigger than the wound, and it is best to apply several small pieces, which should be placed in the more excavated parts, instead of using one larger piece; thus the ulcer comes more immediately under the influence of the remedy employed. If the ulcer be undermined the lint should be introduced carefully, and not packed roughly under the overhanging parts. I have a high opinion of the lotio hydrargyrum nigrum (black wash), which I use quite irrespective of the syphilitic character of a wound. Further, I may add that if the case is one that is likely to improve by strapping, it is unnecessary to use other local applications at the same time, for it is obvious that if lint were placed on the ulcer, and then strapping applied, the lint would of necessity become puckered up. Strapping, then, deserves its own place in the treatment of ulcers, and is of immense value in cases in which the ulcer, whatever its precise physical character, is not very painful, and which has assumed a somewhat chronic character. I show you on this patient how to apply the straps. The centre of the plaster is placed on the leg exactly opposite the seat of the ulcer, and the two ends brought forward and made to overlap. Each successive strap covers half or two-thirds of the preceding one, and they should all lie parallel and equidistant, as far as possible. It is, however, not always easy to effect this, especially in an enlarged knee-joint, in which, owing to the contour, it will often be found necessary to deviate slightly from the ordinary rule of practice.

The Treatment of Carbuncles.

Mr. M. A. Ward, of the Adelaide Hospital, Dublin, has some remarks on the plans of treating carbuncles (in the *Dublin Journal of Medical Science*). He mentions—

1st. The plan termed compression, so ably advocated by the late Mr. O'Ferrall, and more recently by the late Mr. M. H. Collis, is, I think, admirably suited for carbuncles of a small size. I have frequently used it with marked success in such cases, in patients attending the externe department of the Adelaide Hospital; but I believe it to be impracticable

in any large carbuncle situated on the back of the head.

2d. The crucial incision is still a favorite remedy with a great many surgeons. In many cases it answers admirably, but I think it would be hazardous to adopt this plan in a large carbuncle extending from one parotid region to another, if a cut should be made from sound skin to sound skin—a rule laid down by its advocates. I have used this method with success in carbuncles of a moderate size, situated on the back. Two of the great objections to its use, viz., the danger of hemorrhage and the subsequent formation of a large suppurating sore, do not hold good in the plan that I recommend.

3d. The method of treatment by caustics is strongly advocated by many, e. g., Mr. Bryant, in his "Surgery," states that he adopts no other plan. I have never used, it neither have I ever seen it used, but I have lately seen a case in which this mode was adopted, and the appearance which the back of the neck presents is anything but satisfactory, the whole of the integument having been destroyed. The neck presents the appearance of a cicatrix so common after burns. Now, I maintain that it is most important to save the integument as far as possible; when caustic is used much must be destroyed, which can be saved in the plan which I propose.

The plan which I propose is to make one incision, about an inch and a half or two inches long, as the case may be, over the centre of the carbuncle when the slough has formed, and from four to six counter-openings round the central one, varying in size from a quarter to half an inch; then plug the openings with strips of lint steeped in some stimulating application, and lay a poultice over all, dressing the carbuncle in the same way every day until all the sloughs have separated.

The advantages which I claim for this method are—

1st, and most important, all the integument is preserved.

2d. It has all the advantages of the mode of treatment by crucial incision, without any of the disadvantages of that method.

3d. There is almost entire freedom from hemorrhage.

4th. The avoidance of a large, open, suppurating sore.

5th. Just sufficient space for removing the dead cellular tissue.

6th. Very slight cicatricial marking.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The Transactions of the American Academy of Medicine may be obtained from the Treasurer, Dr. E. M. Sell, 51 West 35th street, New York city.

BOOK NOTICES.

A Guide to Therapeutics and Materia Medica.

By Robert Farquharson, M. D., Edinburgh, F. R. C. P., London. Enlarged and adapted to the U. S. Pharmacopœia, by Frank Woodbury, M. D. Henry C. Lea, Philadelphia.

A pleasing book in appearance, well bound and neatly printed. Its peculiar but happy arrangement makes it a very convenient book of reference. It appeals to all who desire to have a more familiar and correct acquaintance with drugs, not only as regards their influence upon disease, but also their action upon the human system in health. The editor justly remarks in his preface, "If therapeutics is ever to attain the precision of a science, it must be based upon the fullest attainable knowledge of this kind."

In reproducing the "Guide to Therapeutics," the editor found it desirable to make considerable additions, so as to adapt the work to the wants of American students. These additions have been such as to seem to warrant the insertion of the words, *Materia Medica* in the title-page. The editor most certainly has done his part well, and taken more care, and done more work than is usual. The author's introduction should be read by every student of medicine, and it would do no harm, in fact, to many practitioners. This introduction treats of "General Rules for Prescribing," as regards combination of drugs; form of administration; proper time for exhibition; dosage; the interval between doses; idiosyncrasy; habit; toxic effect from small doses; chemical and physiological incompatibilities; prescribing for children; prescription writing; weights and measures; observations upon doses, and general rule for doses. This is followed by remarks on certain classes of remedies, antidotes, acids, anthelmintics, diaphoretics, emetics, expectorants, etc. The arrangement of the matter is unique, but highly advantageous, to enforce and impress the mind of the reader. This consists in the corresponding effects in health and disease of each article, which are presented in parallel columns. The editor is a member of the Committee for the Revision of the U. S. Pharmacopœia, and has availed himself of every source of information to increase the practical value of the book as a work of reference to students and practitioners. The American editor has added a complete list of all the preparations of the U. S. Pharmacopœia.

poeia, arranged alphabetically under their appropriate headings—under Ferrum all the preparations of iron, etc. Such a list is invaluable to all lecturers on *Materia Medica* or to students. He has also added Therapeutic suggestions, or List of Diseases, which does not appear in the original, but which is fully up to the modern treatment of disease, and may be found acceptable in the daily round of practice. We can safely advise our readers to own such a book, feeling that the amount of information to be obtained from its pages will far more than repay the moderate outlay in its purchase.

Forensic Medicine and Toxicology. By W. Bathurst Woodman, M. D., F. R. C. P., and Charles Meymott Tidy, M. B., F. C. S. Philadelphia, Lindsay & Blakiston, 1877. Buffalo, T. H. Butler. pp. 1083. Price, cloth, \$7.50; leather, \$8.50.

This work contains almost everything that can be found in other works on the subject; it is, however, no mere compilation; the authors, Dr. Woodman and Dr. Tidy, have most thoroughly thought out the subject for themselves. There is nothing in the whole literature of medical jurisprudence so thorough and exhaustive.

After some preliminary description of the coroner's office and duties, a chapter is devoted to the proper plan of making a post-mortem examination. This is followed by a very judicious synopsis of the signs of death, and of the phenomena of rigor mortis, putrefaction, adipocere, etc.

We then come to the discussion of poisoning, which is singularly full and complete. All the varied forms of poisons are mentioned with much particularity, such as the haloid elements, the metals, the mineral acids, vegetable poisons and animal poisons. Several chapters are then given on such subjects as stains on linen; the detection of blood stains; life insurance; the normal height and weight of man at different ages; the modes of death, and various causes of sudden death; the limits of distinct seeing and hearing; personal identity; peculiarities in handwriting; sympathetic inks; recognition of footprints; pregnancy and its limits; signs of recent delivery and abortion, etc. Sexual crimes are carefully investigated, such as rape; signs of deforation; diseases mistaken for rape; indecent exposure; unnatural crimes, etc.

A chapter is given to malpractice and syph-

ilis in its medico-legal relation; another to the forensic bearings of unsoundness of mind. The different forms of death are treated at considerable length.

This rehearsal will indicate the wide range of the book, and its thoroughness leaves nothing to be desired. The references are so copious as to make it a bibliographical work of the first rank. There are a large number of illustrations, and the typographical arrangements are clear and judicious.

Tobacco, From the Seed to the Warehouse. A

Practical Handbook for the Tobacco Planter, with Historical and Medicinal Facts for the Consumer. By B. Rush Senseny, M. D. Published by John M. Pomeroy, Chambersburg, Pa. pp. 151. Price \$1.00.

The enormous increase in the consumption of tobacco renders its cultivation and use of much moment in both an economical and a sanitary aspect. In the work before us, the author discusses the qualities of seed, the preparation of the ground, the cultivation of the plant, and the curing of the leaves, with the intimate knowledge derived from practical experience; and in regard to the physiological action of the plant, its medicinal properties, and the sanitary advantages and disadvantages derived from its consumption, he is evidently not only well read, but what is far more rare, he is without prejudice and judicially impartial.

The historical and statistical portions of the book are sufficiently full without being tiresomely minute, containing quite as much on these subjects as the general reader will demand. The remarkably large profits which tobacco culture yields will no doubt render it a favorite branch of agriculture for a long time to come, and probably no better work to give instruction could be found than the one before us.

Materia Medica for the Use of Students. By John B. Biddle, M. D., Professor of *Materia Medica* in Jefferson Medical College, etc. Eighth edition, revised and enlarged, with numerous illustrations. Lindsay & Blakiston, Philadelphia.

It is hardly necessary for us to do more than announce that a new edition of this work has appeared. The standing of both the author and publishers is a guarantee that the revision and publication are thoroughly done.

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PREMIUMS AND INDUCEMENTS.

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That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the REPORTER, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, gratis, as he may prefer.

Any old subscriber who will send us a new subscriber to both REPORTER and COMPENDIUM, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics*, or *Napheys' Surgical Therapeutics*, as he may prefer.

INQUIRIES CONCERNING ANÆSTHETICS.

At its last meeting the British Medical Association appointed a committee to make further studies on anæsthesia, especially with regard to the relative merits of chloroform, ether and bichloride of methylene. The last mentioned, by the bye, is preferred to either of the former by Mr. F. Spencer Wells and other eminent British surgeons.

Such committees are much needed, for there are a great many points about anæsthetics not yet satisfactorily settled. Some of them are of great medico-legal importance, and considering how intimately they concern medical men, even to the extent of putting their personal and professional reputation in peril every time they administer an anæsthetic to a female without competent and truthful witnesses standing by, it is extraordinary that greater attention has not been given them.

Quite lately a medical man in England was arrested and imprisoned on the charge of a married woman that he had violated her after giving her chloroform to extract a tooth. She claimed that though wholly speechless and powerless, from the anæsthetic, and therefore unable to resist, her mind was quite awake and she knew everything that took place. A gentleman on the trial deposed to a similar occurrence in the experience of a friend.

Here, therefore, is a question we would ask, and one obviously of vital importance. If this condition of complete consciousness does at times coexist with complete motor and sensory anæsthesia, of course the plea of imagination offered in such cases as the usual defence falls to the ground. For our own part, we have administered both chloroform and ether very frequently, but never knew an instance when the patient was so completely under the influence of the agent that he felt no pain, in which consciousness or memory remained active.

Again, there is the old inquiry as to whether a person in sleep can be anæsthetized.

The latest thorough study of these and kin-

dred questions which we have seen is by Professor R. M. DENIG, in the *Ohio Medical Record*, January, 1877 (given in the *HALF-YEARLY COMPENDIUM*, July, 1877). His general conclusions are that chloroform cannot be used successfully for felonious purposes, and that a person in the anæsthetic state is not a competent witness, which conclusions we believe to be correct.

In regard to ether, there are some inquiries of a different character worthy of attention. We were recently asked by a very observant surgeon whether cases were recorded where a single administration of ether left behind it permanent impairment of the digestive and nervous systems, extending over years. He narrated one such case in his own experience, in the person of a strong and healthy young man, who took the anæsthetic for a trifling operation. Such an instance was known to us, but the subject was a hysterical woman, and we never felt sure how many of her symptoms were imaginary.

More than one death from ether have been lately recorded. Mr. ROBERT SAUNDLY, of Birmingham, gives the following typical instance in the *London Medical Press and Circular*:—

M. C., aged 35, was admitted for contracted knees. On October 4th, at 12.45 p.m., I administered ether with Ormsby's apparatus; it appeared to me a very favorable case; very little of the anæsthetic was used; there were no alarming incidents; very little stertor or cyanosis; no vomiting; no obstruction to respiration, which was throughout regular and full. After Mr. Bartleet had straightened the limbs, some time was consumed in adjusting splints, during which time no ether was given; and, as there appeared to be absolutely nothing to call for any notice at the time, I watched her with the utmost satisfaction, and allowed her to be carried out of the theatre without arousing her from the sleep into which she had fallen. She was removed on a stretcher, and was well wrapped up, but, to reach her ward, was carried about fifty yards across the open court, the day being fine. After being placed in bed, she roused and spoke to the nurse, who noticed nothing unusual about her. At 2.45, about one hour and a half after her return to the ward, she became suddenly alarmingly ill, and when seen by the house physician (in the absence of the house surgeon) she was cyanotic and pulseless, with *râles* all over the thorax. All at-

tempts to rally her were fruitless, and she died at 4.15 the same afternoon.

The post-mortem examination, made the following day, showed some oedema of the membranes of the brain; no thrombosis of the pulmonary artery; heart healthy, containing a little blood in the right auricle; ventricles contracted; lungs pale and cedematous; other organs healthy.

There seems to be no doubt that the deceased completely recovered from the ether narcosis, but died from oedema of the lungs, which supervened one hour and a half after her removal from the theatre.

Whatever the immediate pathological cause of death here, it is to the ether-narcosis that that condition is to be attributed. It illustrates that too confident reliance on ether as a harmless agent is both unfounded and dangerous.

NOTES AND COMMENTS.

The End of the Year.

With the end of the year the time of a large number of our subscribers runs out. As in the past, so in the future, we intend to use every endeavor to make the journal in every way worthy of their patronage, and trust that they in return will continue to aid in rendering it all that it should be. This is very greatly assisted by early and prompt remittance of amounts due for the incoming year. We ask all to let these few words be sufficient, without further reminders coming from us.

Lesions of the Pancreas in Diabetes.

The *Gazette Des Hopitaux* states that recently M. Lancereaux laid before the Académie de Médecine some specimens exhibiting extensive lesions of the pancreas in subjects of diabetes, and having related the histories of the cases whence they were derived, and referring to others already on record, went on to say that it was thus evident that, at least in some cases, diabetes is accompanied by great alterations in this organ. In these cases the progress of the disease has been relatively rapid, and has been attended by polyphagia, polydipsia, excessive emaciation, and abundant glycosuria—in fact, by all the characteristics of saccharine diabetes. So, also, animals from which the pancreas has been removed become voracious and rapidly emaciated, and die very quickly. There would seem, therefore, to be no doubt that there is a causal relation between these

changes in the pancreas and the disease in question. This form of diabetes may be distinguished by the relatively rapid occurrence of emaciation with polyphagia and polydipsia, and by the peculiar character of the alvine evacuations. Its prognosis is most unfavorable; the indication for treatment consists in suppressing alimentary substances that are digested by the pancreatic juice, in favor of those which undergo digestion in the stomach.

Some of the Parasites Coincident with Disease.

On Plants.—The fungus of rye (ergot); puccinia of wheat; oidium of grape; peronospora of potato.

On Animals.—Muscardine; pebrine of the silkworm; empusa of the fly; aerophyta; bacteria; bacteridia; coccobacteria; microzymes; coprophytes; micrococci, etc. All terms applied to (hypothetical) disease germs.

On or in the Human Body.—Acarus; trichina spiralis; echinoccus, etc.; oidium albicans of thrush; achorion; trichophyton and microsporon of skin diseases; mycetoma (fungus foot) of India.

Test for Purity of Oil of Rose.

Oil of rose is adulterated with oils of rhodium, sandal, geranium and camphor.

A single drop of pure oil of rose, placed under a bell glass, in the cold, and exposed to the vapor of iodine, will remain perfectly clear and unchanged in color, after exposure to the air; but if mixed, it will become yellow, brown or black, according to the extent of the adulteration.

A little of the oil placed upon a watch-glass, with a like amount of sulphuric acid, retains the purity of its color and odor, but if adulterated, it becomes more or less brown, and emits foreign odors.

Sulphate of Atropia in Pathological Sweating.

Dr. Royet, in the *Lyon Medical*, furnishes the results of the trials made with this substance by Professor Vulpian since 1873. These demonstrate the efficacy of atropia in sweating under the most various circumstances, as phthisis, rheumatism, convalescence, prolonged suppuration, hysteria, and the influence of jaborandi. The dose of the sulphate varies from half a milligramme to one and a half, it being very rarely desirable to go beyond this. The most convenient form to administer it is in

pills or granules, each containing half a milligramme. In order to act with efficacy, the medicine should be given a few hours prior to the occurrence of sweating. Thus, in the nocturnal sweating of phthisis, the pill should be given at eight or ten o'clock in the evening. At least two hours should elapse between the doses, and, if two or three are required in the twenty-four hours, these should be divided by equal intervals. From two to four days suffice to produce a suppression or notable diminution of the sweats; but, in order that the effect may be durable, the use of the atropia should be prolonged, with some diminution of the dose, for eight or ten days. The author of the thesis agrees with Professor Vulpian in believing that it is nowise imprudent to suppress sweating in rheumatism.

Salicylic Acid in Intermittent.

The communication of Dr. A. S. Stonebaker on this subject, in the *REPORTER* for December 1st, 1877, has called forth several reminders from readers, that Dr. Stonebaker has by no means the priority in this plan of treatment. In this journal for June 2, 1877, Dr. J. P. Thomas, of Kentucky, claims priority in reporting this plan of treatment; while the employment of salicin in intermittents was familiar to the Confederate surgeons in the late war. In the *REPORTER* for February 26, 1876, page 166, will be found a series of conclusions drawn from the practice of Dr. Hiller, of Berlin, on the value of salicylic acid in malarial fevers.

Dobell on Coughs.

The very practical and highly esteemed work of Dr. Horace Dobell, "On Coughs, Consumption, and Diet," published last winter, has been reduced in price to \$2.00. It will be sent post-paid for that sum, by the editor of this journal. Few physicians have given the subjects treated of in this book equal study with Dr. Dobell, and perhaps no treatise of the same size throws more light on their varieties, diagnosis, etiology, and treatment.

Rupturing the Membranes.

Mr. Plaister, in an interesting analysis of 800 consecutive midwifery cases, is outspoken in urging the early rupture of the membranes. He says: "I have never found any ill-effects from rupturing the membranes when the os is the size of a shilling, but find that the child's

head forms a better wedge than the bag of liquor amnii. I cannot recall any instance where there has been any retarding of labor through this procedure." It certainly does seem as if in many cases a good deal of uterine force is uselessly expended in the effort to rupture the membranes; this accomplished, naturally or artificially, the labor goes on more quickly, and is soon and satisfactorily over. Dr. Matthews Duncan, in his book on the Mechanism of Natural and Morbid Parturition, has given experiments which go to show that the pressure necessary to rupture the membranes is about as great as that required to expel the child. It were well, therefore, to relieve the mother of this waste of force.

Recovery after Taking Eighty Grains of Tartar Emetic.

The Canada *Journal of Medical Science* says: Mr. F. Mason, of Bath, England, reports a case of a laboring man who took, by the mistake of a prescribing druggist, eighty grains of tartar-emetie. No very serious results followed, but the use of tannin and emetics was resorted to, followed by decoctions of cinchona. The patient had been suffering with diarrhoea for several weeks, and seems really to have been benefited rather than made worse by the rough treatment he experienced. (?) Was that tartar-emetie pure?

NEWS AND MISCELLANY.

Personal.

—Dr. Handzel Griffiths, of Dublin, well known for his pharmaceutical works, died Nov. 16th.

OBITUARY.

DR. RALPH MILBOURNE TOWNSEND.

But a fortnight since this journal contained a notice to Dr. Townsend's many personal friends, to the effect that he was improving in health and expected soon to resume his communications to its pages. Providence has ordered it otherwise. Through one of those sudden changes for the worse, seen so often in chronic phthisis, his life was terminated at Saranac Lake, N. Y., on December 12th.

In him the profession loses a most promising member; a wide circle of friends one whom they had learned to love and esteem; and this journal one of its most valued contributors.

His association with the *REPORTER* commenced in 1890, from which date until 1873 his reports of clinical lectures were numerous and much admired

for clearness and point. In April, 1874, he published in its pages a remarkably interesting lecture entitled "Some Medical Pilgrimages Abroad," with a striking illustration of the tomb of Paracelsus; and in the winters of 1876-77 he contributed a series of letters on "Climate and Travel in the Treatment and Cure of Consumption," which attracted wide and favorable comment. In these he gave in graphic style a narrative of his long struggle with the insidious disease which finally overcame him.

Dr. Townsend was a graduate of the Central High School of Philadelphia, and received his diploma from the Jefferson Medical College in 1866. He received in 1874 the appointment of Lecturer on Minor Surgery in the summer course of that institution, and was a member of the College of Physicians of Philadelphia.

His age at the time of his death was 81 years.

At a special meeting of the Alumni Association of the Jefferson Medical College, the following Preamble and Resolutions were unanimously adopted:—

WHEREAS, The Alumni Association of Jefferson Medical College have heard with grief and regret of the decease of their loved associate, Dr. Ralph M. Townsend; therefore, be it

Resolved, That we regard the death of Dr. Townsend as a most painful affliction to his family, the profession and the public, but more especially to this Association.

Resolved, That we desire to express to his bereaved family the love and admiration we have always borne for him, and our belief in the great loss thus experienced.

Resolved, That as we knew him as a gentleman of profound learning, an earnest worker, and one who had, by his writings, made himself favorably and pleasantly known to the medical world, we feel that we can the more deeply sympathize with his bereaved wife, his relatives and friends in this, the hour of their deep sorrow.

Resolved, That a committee of this Association be appointed to attend his funeral.

Resolved, That this preamble and resolutions be published in the Medical Journals of Philadelphia and the daily papers, and that a copy be sent to his family.

S. D. GROSS, M.D., *President*.
THOMAS H. ANDREWS, M.D., *Secretary*.

MARRIAGES.

LEBAR—HART.—In Pennington, N. J., at the residence of the bride's father, November 29th, 1877, by the Rev. D. R. Foster, assisted by the Rev. W. Treble, Frank LeBar, of Shawnee, Pa., and Ida, daughter of Dr. Israel Hart, of the former place.

PAWLING—SLINGLUFF.—On Wednesday, December 12th, 1877, at the residence of the bride's parents, Norristown, Pa., by Rev. Thomas S. Yocom, assisted by Rev. Isaac Gibson, Dr. Harry Pawling and Clara, youngest daughter of William H. Slingluff, Esq.

SMITH—PEACE.—On Thursday, December 13th, by the Rev. Edward L. Lycett, Dr. Robert Meade Smith and Florence, daughter of Edward Peace, M.D.

DEATHS.

CULLEN.—At Camden, N. J., on the 21st ultimo, Thomas F. Cullen, M.D., aged fifty-six years.

HALL.—On November 26th, 1877, of puerperal peritonitis, Fannie I., wife of Dr. J. E. Hall, of Parker City, Pa., aged nearly twenty-eight years.

HORWITZ.—Suddenly, on Wednesday night, December 12th, Dr. Theodore Horwitz, son of Medical Director P. J. Horwitz, United States Navy, aged twenty-one years and three months.

TOWNSEND.—At Saranac Lake, N. Y., December 12th, Ralph Milbourne Townsend, M.D.